

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

227C-62-006179
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 227C

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LAWRENCE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD,		Length of stay in 1b 1 day	c. CITY OR TOWN RT#1 AURORA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS AURORA TOWNSHIP		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle FRANKLIN Last HAMMOND			4. DATE OF DEATH Month FEB. Day 7, Year 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/3/08	9. AGE (last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FEED DEALER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state or country) WYNNE WOOD, OKLA. USA	
13a. FATHER'S NAME JOHN F. HAMMOND		13b. MOTHER'S MAIDEN NAME IDA CAPLINGER		14. NAME OF HUSBAND OR WIFE EDITH HAMMOND	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT MRS. EDITH HAMMOND: AURORA, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASHD					195-6
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 2/6/62 to 2/7/62 and last saw her alive on 2/7/62 Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. E. Cochran M.D. (Degree or title)			22b. ADDRESS Springfield Mo		22c. DATE SIGNED 2/13/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/10/62	23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY		23d. LOCATION (City, town, or county) AURORA, MO.	
24. FUNERAL DIRECTOR ARNOLD'S FUNERAL HOME: ADDRESS AURO RA, MO.		25. DATE RECD. BY LOCAL REG. 2-19-62		26. REGISTRAR'S SIGNATURE Effie S. Melton	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

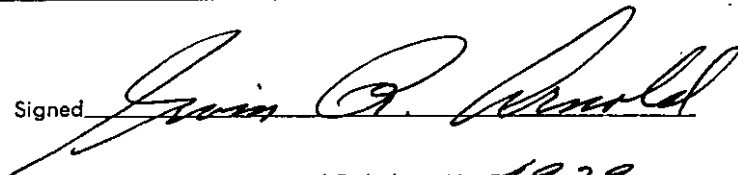
MAY 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4929

P. O. Address Aurora, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.